



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications (October 13, 1994 through October 26, 1994)

MEETING DATE: November 2, 1994

PREPARED BY: City Clerk

RECOMMENDED ACTION: No action - information only.

BACKGROUND INFORMATION: Copies of applications for Alcoholic Beverage Control License have been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Terrie J. Boyd, Lakewood U-Save Liquor, 215 Lakewood Mall, Off Sale General, Person to Person Transfer

215 Lakewood Mall is zoned C-S, Commercial Shopping. This is an appropriate zoning for this type of Alcoholic Beverage Control license.

FUNDING: None required.


Jennifer M. Perrin
City Clerk

JMP

Attachments

APPROVED _____

THOMAS A. PETERSON
City Manager



recycled paper



RECEIVED
OCT 25 PM 1:11
FEE - \$1837.00

APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

TO:

Department of Alcoholic Beverage Control
31 East Channel Street, Room 168
P.O. Drawer 150
Stockton, CA 95201
(209) 948-7739

File Number.....**301809**
Receipt Number.....**1007469**
Geographical Code.....**3902**
Copies Mailed Date **10-24-94**
Issued Date

DISTRICT SERVING LOCATION:**STOCKTON****Name of Business:****Location of Business:**

Number and Street
City, State Zip Code
County

**215 LAKEWOOD MALL
LODI CA 95242
SAN JOAQUIN**

Is premise inside city limits?**Mailing Address:**

(If different from
premise address)

**2306 FAIRFIELD AVE
FAIRFIELD CA 94533**

If premise licensed:**Type of license****Transferor's names/license:****BOYD TERRIE J 294785**

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 21 OFF-SALE GENERAL	PERSON TO PERSON TRANS	NA	YES	0	OCT 24, 1994	\$1274.00 :
2. 21 OFF-SALE GENERAL	RENEWAL FEE	NA	YES	0	OCT 24, 1994	\$446.00 :
3. NA NO LICENSE TYPE	STATE FINGERPRINTS	NA	YES	0	OCT 24, 1994	\$117.00 :
TOTAL						\$1837.00

Have you ever been
convicted of a felony? **NO**

Have you ever violated any provisions of the Alcoholic Beverage Control
Control Act, or regulations of the department pertaining to the Act? **NO**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA**County of SAN JOAQUIN****Date OCT 24, 1994**

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf, (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true, (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made, (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filled with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor, (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)**Applicant Signature(s)****SINGH MOHINDER***Mohinder Singh***ZENDA HARBHAJAN***Zenda Harbajan S. Zenda***ZENDA SEWA***Sewa K. Zenda*

CORRECTED ABC-227 TO FOLLOW

LICENSE ACTION REQUEST

STATE OF CALIFORNIA
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

1. NAME THOMAS & TERRIE BOYD	2. ABC LICENSE NUMBER 21-294785
3. DBA LAKEWOOD U-SAVE LIQUOR	4. DISTRICT OFFICE STOCKTON
5. PREMISES ADDRESS 81524 LAKEWOOD MALL	CITY AND ZIP LODI CA. 95242
6. LICENSE ATTACHED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

A. APPLICATION TO TRANSFER LICENSE

7. Transfer to: **HARBHARAN S. ZENDA; SEWA KAUR ZENDA; MOHINDER PAL SINGH**

Under penalty of perjury, each person whose signature appears below certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Name(s) of Licensee(s)	Signature(s) of Licensee(s)	Name(s) of Licensee(s)	Signature(s) of Licensee(s)
ZENDA HARBHARAN S.	<i>Harbharan S. Zenda</i>	THOMAS T. BOYD	<i>Thomas T. Boyd</i>
ZENDA SEWA KAUR	<i>Sewa K. Zenda</i>	TERRIE BOYD	<i>Terrie Boyd</i>
SINGH MOHINDER PAL	<i>Mohinder Pal Singh</i>		

B. CANCELLATION

☐ Immediately ☐ Upon Issuance ☐ Other: _____

I voluntarily cancel my license because I am no longer in business. I understand my license cannot be reactivated or reinstated.

8. DATE CLOSED	9. SIGNATURE X	10. DATE	11. HOME TELEPHONE NUMBER ()
----------------	--------------------------	----------	----------------------------------

Important Notice to Licensee

All licenses surrendered will be automatically revoked if the renewal fees are not paid. Any change of mailing address shall be reported to the District Office. The surrendered license will be automatically canceled upon transfer to the temporary permittee. If the transfer application is denied or withdrawn:

(a) If the transferor intends to resume operation of the licensed business he must request the return of the surrendered license and establish that there has been no change in the ownership or the qualifications of the licensed premises.

(b) If the transferor does not intend to resume operation of the licensed business and does not request return of the surrendered license then the Department will proceed to hold the license under the provisions of Rule 65. The effective date of Rule 65 surrender will be the date of application, denial, or withdrawal.

C. SURRENDER - Rule 65

☐ Immediately ☐ Upon Issuance ☐ Other: _____

I voluntarily surrender my license for a period of not more than one year. I intend to ☐ Transfer ☐ Reactivate the license.

I understand that the license must be renewed at the time renewal fees are due or the license will be automatically revoked. I further understand that the Department will proceed to automatically cancel my license at the expiration of the one-year period if not transferred or reactivated.

12. DATE CLOSED	13. SIGNATURE X	14. DATE	15. HOME TELEPHONE NUMBER ()
-----------------	---------------------------	----------	----------------------------------

16. MAILING ADDRESS

FOR DEPARTMENT USE ONLY ☐ Premises Abandoned ☐ Letter Attached Requesting Surrender or Cancellation ☐ Other: _____

D. REQUEST FOR SURRENDER OF RETAIL LICENSE FOR TEMPORARY PERMIT

UNDER SECTION 24045.5(b) OF THE ALCOHOLIC BEVERAGE CONTROL ACT

17. TRANSFEREE	18. SURRENDER DATE	19. EFFECTIVE DATE	20. EXPIRATION DATE
21. TRANSFEROR'S SIGNATURE X	22. DATE		

E. REQUEST FOR SURRENDER OF PRIVILEGES ON A PORTION OF THE PREMISES

UNDER RULE 53.

I/we hereby surrender the privileges or my/our alcoholic beverage license in my/our _____ banquet room, dining room, etc.

_____ on _____ date between the hours of _____ and _____

23. I/We have read the foregoing and know the contents thereof. SIGNATURE X	24. TELEPHONE NUMBER ()	25. DATE
26. MAILING ADDRESS		